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| PETITION FOR EXPERION OF TIME UNDER | | | plays a valid OMB control number. |
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| EV 2005 | | Docket Number (Optional) | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) Application Number 10/007,084 | | YOR920010463US1 (8728-525) | |
| | | Filed December 4, 2001 | |
| For Reusable Voicexml Dialog Component Art Unit 2176 | s, Subdialogs and B | eans | |
| | | Examiner Gautam Sain | |
| This is a request under the provisions of 37 CFR 1.1 application. | 36(a) to extend the perio | od for filing a reply in the | ne above identified |
| The requested extension and fee are as follows (che | ck time period desired a | and entor the annual of | |
| | Fee | Small Entity Fee | ite fee below): |
| X One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$_120.00 |
| Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | s |
| Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | |
| Four months (37 CFR 1.17(a)(4)) | \$1 590 | | 2 |
| Five months (37 CFR 1.17(a)(5)) | \$2160 | \$795 | \$ |
| Applicant claims small entity status. See 37 CFF | | \$1080 | \$ |
| A check in the amount of the fee is enclosed | | | |
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| | | | |
| The Director has already been authorized to | charge fees in this a | application to a Den | osit Account |
| The Director is hereby authorized to charge Deposit Account Number WARNING: Information on this form may become perovide credit card information and authorization of the control of the | ······································· | be required, or crede e enclosed a duplica nation should not be inc | it any overpayment, to ate copy of this sheet. |
| I am the applicant/inventor. | | | |
| assignee of record of the enti | re interest. See 37 C | FR 3.71. | |
| Otatement under 37 CFR | 3.73(b) is enclosed (l | Form PTO/SB/96) | |
| X attorney or agent of record. F | | 43,584 | |
| attorney or agent under 37 C Registration number if acting und | FR 1.34 der 27 CER 1.34 | | |
| - Tusk | | E | 17/08 |
| Signature | | | Date Date |
| Frank V. DeRosa | | 516 600 0 | |
| Typed or printed name | | <u>516-692-88</u> Tele | 388 phone Number |
| NOTE: Signatures of all the inventors or assignees of record of the originature is required, see below. | entire interest or their represe | Otative(s) are required Sub- | The state of the s |
| I Total of | | mative(s) are required. Subi | Tilt multiple forms if more than one |
| | re submitted. | | |
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